

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 09/868026

APPLICANT

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3		3			
TOTAL DEP.	29	2	28	2		
TOTAL CLAIMS	32		31			

•	IND.	DEP.	•	IND.	DEP.	•	IND.	DEP.
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